

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/586587

7.20.06

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT
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TOTAL IND.						
TOTAL DEP.				29		
TOTAL CLAIMS			30			

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT
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